

Item 3.1a

Single Oversight Framework (SOF)

Indicator		Type	Description	Target YTD	Actual YTD	Trend	Current Month Target	Current Month Mar-20	Previous Month	Frequency	Comments
Quality of Care	Quantity of Complaints	Caring	Quantity of complaints	67	57	↑	6	1	3	M	
	Staff Friends and Family - recommend as a place of treatment		Count of those categorised as extremely likely or likely to recommend/count of all responders	94%	93.0%	↓	94%	92.8%	95.0%	Q	
	Mixed Sex Accommodation Breaches		Count of number of occasions sexes were mixed on same-sex wards	0	0	⇒	0	0	0	M	
	Occurrence of any Never events	Safe	Count of Never Events	0	1	⇒	0	0	0	M	
	VTE Risk Assessment		Number of patients admitted who have a VTE risk assessment/number of patients admitted in most recent month	95%	96.0%	↑	95%	95.2%	94.2%	M	
	Clostridium Difficile		Count of trust assigned C. difficile infections in patients aged two years and over compared to the number of planned C. difficile cases	4.0	8	↑	0.33	0	1	M	
	MRSA Bacteraemias		Count of trust assigned MRSA infections	0	1	⇒	0	0	0	M	
	MSSA Bacteraemias		Count of trust assigned MSSA infections	7.0	11	↑	0.58	0	1	M	
	Gram Negative Bacteraemias		Count of trust assigned Gram Negative Bacteraemias infections	9.0	12	⇒	0.75	0	0	M	
	HSMR for 56 diagnosis groups (supplied from Dr Foster; hospital guide)	Effective	The ratio of observed deaths that occurred following admission in a provider to a modelled expectation of deaths (multiplied by 100) on the basis of the average England death rates for 56 specific clinical groups given a selected set of patient characteristics for those treated there.	100	127.01	↓	100	114.73	112.32	M	Current month: Sep 2019; YTD: Apr 2019 - Sep 2019.
Finance	Capital Service Cover	Financial Sustainability		1	1	⇒	1	1	1	M	Trigger: Poor levels of overall financial performance (average score of 3 or 4) very poor performance (score of 4) in any individual metric Potential value for money concerns
	Liquidity			1	1	⇒	1	1	1	M	
	I&E Margin	Financial Efficiency		1	1	⇒	1	1	1	M	
	Performance against plan			1	1	⇒	1	1	1	M	
	Agency Spend	Financial Controls		1	1	⇒	1	1	1	M	
	Overall use of resources (UoR) rating	Overall Financial Performance		1	1	⇒	1	1	1	M	
Operational Performance	Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate - patients on an incomplete pathway	Operational Performance	Count of the number of patients whose clock period is less than 18 weeks during the calendar months of the return/Count of number of patients whose clock has not stopped during the calendar months of the return	92%	91.80%	↓	92%	89.62%	92.58%	M	
	All cancers - maximum 62-day wait for first treatment from (a) their GP who have currently been waiting for less than 62 days for treatment to start from (b) the NHS screening service who have currently been waiting for less than 62 days for treatment to start		Proportion of patients referred for cancer treatment by: a. their GP who have currently been waiting for less than 62 days for treatment to start b. the NHS screening service who have currently been waiting for less than 62 days for treatment to start	85%	86.30%	↑	85%	86.70%	92%	M	
	Maximum 6-week wait for diagnostic procedures		Proportion of patients referred for diagnostic tests who have been waiting for less than six weeks	99%	73.9%	↓	99%	67.9%	79.6%	M	
	Dementia - Find		The number and proportion of patients aged 75 and over admitted as an emergency for more than 72 hours: a. who have a diagnosis of dementia or delirium or to whom case finding is applied; b. who, if identified as potentially having dementia or delirium, are appropriately assessed; and, c. where the outcome was positive or inconclusive, are referred on to specialist services.	90%	94.3%	↑	90%	100%	86%	M	
	Dementia - Assess			90%	98%	↓	90%	50%	100%	M	
	Dementia - Refer			90%	100%	⇒	90%	100%	100%	M	
	Review of sustainability and transformation plans and other relevant matters	Strategic Change				-	-	-	-		LHCH is lead for CVD cross-cutting theme
Organisational Health	Staff Sickness (All Staff)	Organisational Health	Level of staff absenteeism through illness in the period Numerator = number of days sickness reporting within the month. Denominator = number of days available within the month	3.4%	4.66%	↑	3.4%	4.20%	4.62%	M	
	Staff Turnover (Voluntary)		Number of Voluntary Staff leavers reported within the period / Average of number of Total Employees at end of the month and Total Employees at end of the month for previous 12 month period. Numerator = number of voluntary leavers within the report period. Denominator = staff in post at the start of the reporting period	10%	10.69%	↑	10%	10.69%	11.39%	M	Turnover based on 'Voluntary' Leavers in 12 month period
	NHS Staff Survey - recommend as a place to work		Staff recommendation of the organisation as a place to work or receive treatment	76%	77%	↑	76%	77%	76%	Q	Q3 2018/19 Staff Survey Data - Previous Period Q3 2017
	Proportion of Agency Staff Costs		Agency staff costs (as defined in measuring performance against the provider's cap) as a proportion of total staff costs. Calculated by dividing total agency spend over total pay bill.	1.90%	2.20%	↓	1.90%	3.00%	2.40%	M	
	Executive Team Turnover	Level of Senior Executive Turnover	Calculation: Leavers in 12 month period / Average Staff in Post in 12 month period x 100	25%	11.30%	⇒	25%	11.30%	11.30%	M	
Overall	Segmentation				1	⇒		1	1	Adhoc	Segment 1: Maximum autonomy; universal support

Regulatory and Operational Performance - Quality of Care

Indicator	Type	Description	Target YTD	Actual YTD	Trend	Current Month		Previous Month	Frequency	Comments
						Target	Mar-20			
% of deaths screened for review within 7 days	Mortality		95%	68%	↓	95%	62%	80%	M	1 month data lag for this measure
% mortality reviews to be completed within 30 days - Doctors			80%	77%	↓	80%	77%	93%	M	1 month data lag for this measure
% mortality reviews to be completed within 30 days - Nurses			80%	98%	↓	80%	92%	100%	M	1 month data lag for this measure
Observed mortality rate		Total number of deaths in month or YTD / Total number of discharges in month or YTD	1.3%	1.4%	↓	1.3%	1.4%	1.1%	M	
HSMR Weekend (supplied from Dr Foster)		HSMR is the ratio of the number of deaths in hospital within a given time period to the number that might be expected if the hospital had the same death rate as some reference population ((Number of observed deaths/ the number of expected deaths) * 100)	100	167.03	↓	100	216.13	160.43	M	Current month: Sep2019; YTD: Apr 2019 - Sep 2019.
HSMR for all diagnosis (supplied from Dr Foster)			100	121.90	↑	100	97.52	121.40	M	Current month: Sep 2019; YTD: Apr 2019 - Sep 2019.
Cardiac Surgery observed: expected mortality ratio			1.00	1.03	↑	1.00	1.03	1.11	M	6-month rolling averages; latest to June 2019
Non-primary PCI observed: expected MACE ratio			1.00	0.16	↓	1.00	0.16	0.08	M	6-month rolling averages; latest to March 2019
Number of Falls (All Areas) - Avoidable & Unavoidable	Incidents	Count of Falls recorded across all areas	72	85	↓	6	9	7	M	All falls (avoidable & unavoidable)
Number of LHCH acquired grade 2 pressure ulcers (due to lapses in care)		Count of Pressure Ulcers that were due to lapses in care and reported as grade 2	6	6	→	0.50	0	0	M	
Number of LHCH acquired grade 3+ pressure ulcers (due to lapses in care)		Count of Pressure Ulcers that were due to lapses in care and reported as grade 3	0	0	→	0	0	0	M	
Number of Adverse Events (Red Alerts), Serious Incidents and Never Events		Number of events that were reported as a red alert, serious incident or never event	0	9	→	0	0	0	M	2 x Adverse Events, 5 x SI's, 1 x Never events YTD
Number of reported patient safety incidents			N/a	1644	↑	N/a	100	134	M	
Follow-up audit of SUI reveals improvement embedded and delivering			No							OL Policy complimenting recent learning from deaths guidance
% Blood Cultures taken within 24 hours preceding first antibiotic given	Sepsis		95%	80.6%	↑	95%	79.4%	74%	M	
% Delivery of at least one sepsis antibiotic within one hour of prescription			70%	76.8%	↓	70%	67.6%	90%	M	
% Delivery of a sepsis antibiotic within three hours of prescription			96%	97.5%	↓	96%	91%	100%	M	
% of radiological alerts with a response document			95%	100%	→	95%	100%	100%	M	
VTE Prophylaxis		Count of Patients given appropriate prophylaxis / Total patients at risk	95%	97.3%	↓	95%	98.7%	98.8%	M	
All re-inspected KLOE's rated as outstanding			Yes or No							The Trust is waiting for re-inspection to determine whether objective has been achieved

Regulatory and Operational Performance - Operational Performance

	Indicator	Type	Description	Target YTD	Actual YTD	Trend	Current Month Target	Previous Month	Frequency	Comments
							Mar-20			
Performance	Number of in-hospital deaths	Mortality	Count of Hospital deaths across the trust for the month/YTD	N/a	187	↓	N/a	15	M	
	Improve histopathology turnaround times at 7-days	Turnaround Times	Improve histopathology turnaround times at 7-days	70%	82.2%	↑	70%	74.9%	M	Data reported by Liverpool labs (latest date August-2019)
	Improve PET scanning turnaround times at 5-days		Improve PET scanning turnaround times at 5-days	75%	46.4%	↓	75%	53.6%	M	Request to scan (does not include reporting time)
	Cancelled Operations	Cancelled Operations	Count of the number of last minute cancellations by the hospital for non clinical reasons	1.5%	2.3%	↑	1.50%	1.7%	M	Internal Target
	Cancelled Operations <u>NOT</u> seen in 28 days		Count of operations cancelled for non-clinical reasons and not offered a new date within 28 days	0	1	→	0	0	M	
	Cancelled Urgent Operations cancelled for 2nd+ time		Count of those urgent operations that have already been cancelled on one or more occasions before.	0	0	→	0	0	M	
	Delayed Transfers of Care	Performance	A delayed transfer of care occurs when a patient is ready to depart from such care and is still occupying a bed.	4.50%	4.26%	↑	4.5%	3.60%	M	
	Bed Occupancy		Count of beds occupied over all wards/ count of bed available	>=85%	81.8%	↓	~85%	71.3%	M	
	Activity NHS	Activity	Count of Total spells - Activity Plan for NHS patients	0.0%	-5.00%	↓	0.0%	-5.51%	M	
	Referral to treatment - Incomplete Pathways 52+ weeks	RTT	Count of all patients on an incomplete pathway waiting over 52 weeks (English & Non-English)	0	3	→	0	0	M	1 Welsh Patient breach in April, treated 20th May. 1 Breach in August (Cardiology) and 1 Breach in September (Cardiothoracic Surgery).
	Plain Film Inpatient	Radiology Reporting Turnaround Times	Total Plain Film Inpatient Reports within Std	90%	47.2%	↑	90.0%	71.0%	M	
	Plain Film Outpatient		Total Plain Film Outpatient Reports within Std	90%	89.9%	↑	90.0%	99.7%	M	
	CT Inpatient		Total CT Inpatient Reports within Std	90%	98.2%	↓	90.0%	99%	M	
	CT Outpatient		Total CT Outpatient Reports within Std	90%	77.9%	↓	90.0%	81.4%	M	
	MRI Inpatient		Total MRI Inpatient Reports within Std	90%	92.4%	↑	90.0%	94%	M	
	MRI Outpatient		Total MRI Outpatient Reports within Std	90%	69.1%	↑	90.0%	68.8%	M	
	Ultrasound Inpatient		Total Ultrasound Inpatient Reports within Std	90%	96.9%	→	90.0%	100%	M	
	Ultrasound Outpatient		Total Ultrasound Outpatient Reports within Std	90%	96.6%	→	90.0%	100%	M	
	14 day wait from referral to date first seen	Cancer	Patients waiting a maximum of two weeks from an urgent GP referral for suspected cancer to date first seen by specialist	93%	100%	→	93%	100%	M	
	31 day wait from diagnosis to first treatment		Patients waiting a maximum of 31 days from diagnosis to first definitive treatment	96%	100%	→	96%	100%	M	
	31 day wait for second or subsequent treatment (surgery)		Patients waiting a maximum of 31 days for all subsequent treatments	94%	100%	→	94%	100%	M	
	62 day wait for first treatment from urgent GP referral to treatment - consultant upgrade (Adj)		Patients waiting a maximum of 62 days from a consultant decision to upgrade the urgency of a patient they suspect to have cancer to first treatment	85%	96%	↑	85%	100%	M	
	104 Day Cancer		Cancer 62 day pathway patients 104 day RCA 62 target	0	0	→	0	0	M	
	26 Weeks Referral to Treatment in aggregate - Admitted Pathways	Welsh	Count of the number of Welsh patients whose clock period is less than 26 weeks during the calendar months of the return/Count of number of Welsh patients whose clock has not stopped during the calendar months of the return	95%	85.69%	↑	95%	90.32%	M	
	26 Weeks Referral to Treatment in aggregate - Non Admitted Pathways			98%	84.53%	↑	98%	87.50%	M	
	26 Weeks Referral to Treatment in aggregate - Incomplete Pathways			95%	57.55%	↓	95%	87.84%	M	
	Emergency readmissions following elective admission	Readmissions	Occurs when the next admission to any English NHS hospital is an emergency within 28 days of live discharge.	100	107.59	↑	100	95.74	M	Current month: Jun 2019; YTD: Apr 2019 - Jun 2019.
	Emergency readmissions following non-elective admission			100	84.67	↑	100	81.47	M	Current month: Jun 2019; YTD: Apr 2019 - Jun 2019.
Workforce	Mandatory training	Organisational Health		95%	92.0%	↓	95%	92.3%	M	
	Appraisals			90%	90.4%	→	90%	90.4%	M	Appraisal window reset May 2019
	Turnover Rate between 1-2 yrs service (voluntary (FTC excluded))			1.40%	2.56%	↑	1.40%	2.56%	M	
Finance	Net Surplus £000's	Finance		£1,709	£1,879	↓	£49	£49	M	
	Normalised Net Surplus £000's			£1,709	£1,714	↓	£49	£49	M	
	Cash Balance £000's			£15,177	£28,082	↑	£15,177	£28,082	M	Cash balances of £28.1m are £12.9m ahead of the planned position of £15.2m. This is primarily due to phasing of the Original Capital Plan and 18/19 PSF bonus monies
	Capital Expenditure £000's			£9,958	£8,074	↓	£537	£197	M	Capital is £1.9m behind plan due to a change in the phasing of schemes.
	Total Agency cost £000's			£1,049	£1,301	↓	£116	£145	M	Agency costs are £29k above plan in month, YTD is £25.2k over plan - due to Surgery Medical Agency costs are £242k above plan.
	Total Bank cost £000's			£1,820	£1,958	↓	£202	£281	M	Bank Costs are over plan in Month by £80k and YTD £177k, due to SICU £43k Adverse in month £68k YTD.
	Deliver the recurrent cost improvement savings			£2,803	£2,091	↑	£412	£241	M	Falling recurring CIP's are partially offset YTD by £168k of non recurring CIPs.